

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4709HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/18/2011
NAME OF PROVIDER OR SUPPLIER ALLSTATE HOME HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP CODE 6212 W DESERT INN RD LAS VEGAS, NV 89146		
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H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a Focused State Licensure survey conducted in your facility on 4/18/11. This survey was generated in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>The current census was fifty-four. Six patient records were reviewed, four families or patients were interviewed regarding the agency's provision of care, Seven employee files were reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	H 00		
H153	<p>449.782 Personnel Policies</p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and</p> <p>This Regulation is not met as evidenced by: NAC 441A.375</p>	H153		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H153	<p>Continued From page 1</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active</p>	H153			

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H153	<p>Continued From page 2</p> <p>tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.</p> <p>Based on personnel record review and staff interview, the agency failed to insure that all tuberculin skin testing that occurred through the agency, when read, included measurements in the determination of negative test results as required by direction in the interpretive guidelines of NAC 441A. The agency also did not have documentation of alleged positive tuberculin skin testing and two-step tuberculin skin testing as required by statute for 2 of 7 employees. (Employees #1 and #7)</p> <p>1. Employee #1- review of the personnel record revealed that the tuberculin skin testing recorded by staff of the agency did not include the proof of alleged previous positive tuberculin skin tests, measured in millimeters of the results of the testing as is required by Nevada Administrative Code.</p>	H153			

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H153	Continued From page 3 2. Employee #7- review of the personnel records revealed no documentation of a second step tuberculin skin test or two consecutive annual tuberculin skin tests as is required by Nevada Administrative Code. Scope: 2 Severity: 2	H153			
H165	449.787 Duty to Provide Skilled Nursing A home health agency is directly responsible for providing skilled nursing care and home health services, and may include other services such as physical therapy, occupational therapy, speech therapy, medical-social services, nutritional guidance, pharmaceutical services, appliances and equipment services. This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to ensure skilled nursing services and physical therapy services were provided as ordered for 2 of 6 records reviewed, (Patient#1, #3 and Patient #4). 1. Patient #1 Review of the record revealed the physician ordered a physical therapy evaluation for treatment on 3/24/11. The documentation showed the evaluation did not take place until 3/30/11. 2. Patient #3 Review of the record revealed the physician order skilled nursing services on 3/24/11. The documentation showed no evidence the nursing services were provided between 4/4-4/16/11. 3. Patient #4 Review of the record revealed the physician order a physical therapy evaluation for treatment on 4/5/11. The documentation showed	H165			

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H165	Continued From page 4 that as of the date of the survey, the evaluation had not taken place. 4. Patient #6 Review of the record revealed the physician order skilled nursing services on 3/9/11. The documentation showed no evidence the nursing services were provided between 3/27-4/16/11. 5. Further record review revealed there were no physician orders to delay or put the services on hold. Severity: 2 Scope: 3	H165			
H169	449.791 Duties of Personnel 1. A registered nurse shall: (a) Provide nursing guidance and care to patients at home. (b) Evaluate the home for its suitability for the patient's care. (c) Teach the patient and those in the home who nurse him how his care is to be given. (d) Supervise and evaluate the patient's care on a continuing basis. (e) Provide necessary professional nursing care. This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to ensure a registered nurse conducted supervisory visits to ensure care was being provided as ordered for 1 of 6 patient records sampled. (Patient #3). Patient #3 Review of the record revealed the order for home health aide (HHA) services was dated 3/24/11. The record showed no evidence of supervisory visits by the registered nurse from	H169			

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H169	Continued From page 5 3/24/11 to the date of the survey. Interview of Employee #1, the Director of Patient Services revealed the agency policy was that supervisory visits be conducted every 14 days. She admitted there was no documentation of the supervisory visits available. Severity: 2 Scope: 1	H169			
H171	449.791 Duties of Personnel 3. The certified home health aide must be trained to function as a member of the health services team. Under the supervision of a registered nurse, he may: (a) Give the patient personal care, including assistance in the activities of daily living. (b) Perform certain household services to ensure that the patient's nutritional needs are met and to maintain a safe and clean environment for him. This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to ensure the certified home health aide had a plan of care signed by the registered nurse case manager to provide instruction for care of the patient in 2 of 6 patient records sampled. (Patient #1 and #5). Patient #1 Review of the record revealed no care plan for the home health aide to follow signed by a registered nurse for the certification period of 3/24/11-5/22/11. Patient #5 Review of the record revealed no care plan for the home health aide to follow signed by a registered nurse for the certification period of 4/12/11-6/10/11. Severity: 2 Scope: 2	H171			

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H188	<p>449.797 Contents of Clinical Records</p> <p>Clinical records must contain: 5. A copy of: (a) The patient's durable power of attorney for health care, if the patient has executed such a power of attorney pursuant to NRS 449.800 to 449.860, inclusive; (NRS 449.800 to 449.860 repealed in 2009, referenced now at NRS 162A.700 to 162A.860) and (b) A declaration governing the withholding or withdrawal of life-sustaining treatment, if the patient has executed such a declaration pursuant to NRS 449.600.</p> <p>This Regulation is not met as evidenced by: Based on record review and staff interview, the agency failed to ensure the files contained a copy of the patient's executed durable power of attorney for health care pursuant to NRS 449.800 to 449.860, inclusive or their declaration governing advanced directives as executed pursuant to NRS 449.600 for 2 of 6 residents (Patient #3 and #5).</p> <p>Review of the files of both Patient #3 and #5 indicated they had executed documents designating a durable power of attorney for health care and advanced directives for the withholding or withdrawal of life-sustaining treatment according to the requirements of the law.</p> <p>Both records lacked documented evidence of these documents.</p> <p>In an interview with the director of patient services revealed she was not aware the files lacked copies of the required documents.</p> <p>Scope: 2 Severity: 2</p>	H188			

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